POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	VT	69607	3/8/00	
O.I.P.E. CLASSIFIER			3/15	
FORMALITY REVIEW	DS	65065	5-4	DM
RESPONSE FORMALITY REVIEW				

INDEX OF CLAIMS

✔	.... Rejected			N	.... Non-elected
=	.... Allowed			I	.... Interference
−	(Through numeral)... Canceled			A	.... Appeal
÷	.... Restricted			O	.... Objected

Claim			Date											
Final	Original	5-8-0	11-25-00	8-6-00										
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If more than 150 claims or 10 actions
staple additional sheet here

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